

## Personal Information

Bright Health Member ID \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

### Option 1: Social Security Administration or Railroad Retirement Board (RRB) Deduction

The deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.

By signing below, I authorize Bright Health to initiate Social Security Administration or Railroad Retirement Board Deduction for my monthly premium. This authorization is to remain effective until I cancel this request, in writing, with Bright Health Plan, Social Security, or the Railroad Retirement Board.

Signature \_\_\_\_\_

### Option 2: Automatic Bank Draft

Please fill out the following information in order to set up automatic deduction from your bank account.

Include a voided check with your response.

Bottom left side of your check

Routing # \_\_\_\_\_

⦿ 123456789 ⦿ ⦿ 000123456789

Account # \_\_\_\_\_

Routing Number

Account Number

By signing below, I authorize Bright Health to initiate debit entries to the account and bank listed above equal to the monthly billed premium and/or any past due premiums. This authorization is to remain effective until I cancel this request, in writing, with Bright Health or my bank. I understand my premium will be debited on or after the 20th of every month.

Signature \_\_\_\_\_

Bright Health plans are HMOs and PPOs with a Medicare contract. Bright Health's New York D-SNP plan is an HMO with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Our plans are issued through Bright Health Insurance Company or one of its affiliates. Enrollment in our plans depends on contract renewal.

Y0127\_MULTI-MA-FM-2702\_C

Mail to:

**Bright Health**

**PO Box 853958**

**Richardson, TX 75085-3958**

Bright Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number listed on your member ID card.